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ABSTRACT

The first section of the document consists of the questionnaire/survey instrument completed by 70 professional ancillary staff (including speech, physical, and occupational therapists, adapted physical education teachers, and registered nurses) as part of a study designed to evaluate the quality and efficiency of early education programs serving handicapped children (ages 3-5) in Louisiana during 1985-86. Frequency distribution of responses are shown on the instrument. The second section is a narrative developed from interview data with professional ancillary staff members. Staff roles are discussed, and program concerns of physical and occupational therapists noted. More than half of the professional ancillary staff interviewed indicated a lack of adequate working space and appropriate equipment. (JW)

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STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA 1985-86

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SUMMARY REPORT: PROFESSIONAL ANCILLARY STAFF

September 1986

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LOUISIANA DEPARTMENT OF EDUCATION
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TO THE READER

This document is a product of the Statewide Evaluation of the Early Education Program for Handicapped Children in Louisiana, a study funded through a Cooperative Agreement between the U.S. Department of Education and the Louisiana State Department of Education. The evaluation represents a cooperative effort between the project staff in the Bureau of Evaluation, Office of Research and Development, and the program personnel of the Office for Special Educational Services in the Louisiana State Department of Education.

Information for this study was collected from personnel in the Louisiana Early Education Program at state and local levels between January 1, 1985, and June 30, 1986. Findings of this evaluation are based upon a multiple-model research design that included data collection during 39 program visits, 59 class observations, 570 surveys/questionnaires, 1,020 personal interviews with staff and parents, 303 class profiles, 606 individual student profiles, and more than 664 hours of on-site fieldwork. A comprehensive, technical report of these findings has been prepared for the primary audiences of this study.

Input from the field indicated to project staff that feedback was important to the contributors. Therefore, this document and other similar reports of the 17 service roles identified in the program have been prepared in response to this request. This document contains a copy of the survey/questionnaire instrument that was sent to professional ancillary staff members in the preschool program for completion, along with the frequency distributions of their responses. It should be noted that, unless otherwise indicated, all numbers are percentages of responses based on the 70 professional ancillary staff members who completed the instrument. Totals in excess of 100 percent are due to rounding.

The second section of this document is a narrative developed from data gathered in interviews with professional ancillary staff members during the naturalistic study and the three waves of the evaluation.

Project staff are deeply appreciative of the time and effort contributed by the many people in the field without whom the study could not have been conducted. We hope that the information in this document will assist special education program personnel in providing the best program possible for handicapped preschoolers.

Betty N. Anderson

Betty N. Anderson, Project Director

JoAnn C. Bower

JoAnn C. Bower, Research Analyst

Preschool Handicapped Program Evaluation

Professional Ancillary Staff (PT, OT, ST, APE Teacher, Nurse)

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. The study, which is NOT designed as a monitoring tool for compliance, will be a medium through which information about different program models can be disseminated. Areas of program models to be explored include, but are not limited to, the regular and related program services which are provided to children and parents, service delivery models, program formats, instructional models, physical facilities, staffing patterns, transportation, program processes, transitional efforts, interaction patterns, learning environment, staff training and experience, coordination across programs, program impact on participants and parents, and perceived benefits and difficulties of the program models.

The Bureau of Evaluation in the Office of Research and Development is conducting the study, with the cooperation of the Office of Special Educational Services. Information for the study will be collected from all school systems in the state with the assistance of each system's special education staff and the Louisiana Early Education Program coordinators. We would like to request your assistance in providing critical information about your preschool handicapped program for three- to five- year-old children. Your support and input are needed in this study, which has the potential to affect the quality of education in Louisiana. If you have any questions regarding the study or the information you are requested to provide, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please note: The identity of individuals, schools, and parishes will remain STRICTLY CONFIDENTIAL.

Please return this survey in the stamped, self-addressed envelope no later than December 15, 1985.

FREQUENCY DISTRIBUTIONS OF RESPONSES
Number of responses = 70

_____/_____/_____/ 49 C 5 H 16 B 0 S

1. *What is your job title?*

39% Speech therapist
11% Physical therapist
18% Occupational therapist
29% Adapted physical education teacher
2% Registered nurse
0% Licensed practical nurse
2% Other: APE Instructional Specialist

2. *How long have you been working with the preschool handicapped program in your present role? (Include the current academic year.)*

0 to 12 years (74% reported from 0 to 4 years)

3. *Please indicate whether or not you have each of the certification or special training areas listed below. Check how helpful each area is in performing your duties as a member of the preschool handicapped program staff. (Check the appropriate response in each area.)*

1. Teacher certification: special education (50)
28% have, helpful 0% have, not very helpful 72% do not have

2. Teacher certification: elementary or secondary education (55)
38% have, helpful 18% have, not very helpful 44% do not have

3. Teacher certification: adapted physical education (56)
30% have, helpful 2% have, not very helpful 68% do not have

4. Elementary or secondary administration certification (51)
10% have, helpful 6% have, not very helpful 84% do not have

5. Early childhood development degree (51)
4% have, helpful 0% have, not very helpful 96% do not have

6. Licensure/registration as therapist (59)
70% have, helpful 3% have, not very helpful 27% do not have

7. Licensure/registration as nurse (LPN) (44)
0% have, helpful 0% have, not very helpful 100% do not have

8. Licensure/registration as nurse (RN) (45)
2% have, helpful 0% have, not very helpful 98% do not have

9. Other: (16) CPR Certification, Physical Education and Adaptive Physical Education, Occupational Therapy Certification
63% have, helpful 6% have, not very helpful 31% do not have

4A. *What previous experiences have you had that also help you perform your role in the preschool handicapped program? (Check all that apply.)*

4% No previous experience that has helped
47% Work as therapist in regular school setting
19% Volunteer work with agency, organization, etc.
16% Physical education teacher in special education
19% Physical education teacher in regular education
4% Having a handicapped child of my own
34% Similar work with older children
46% Other: Clinical experience, graduate coursework, private school experience, a handicapped sibling, Sunday school teaching

4B. *Write the number of the experience among those listed above that has helped you most in your role in the preschool handicapped program.*

#1 = Work as therapist in regular school setting

5. *What prompted you to begin working with the program? (Check the one that best applies.)*

32% This is the professional role for which I was trained.
0% I have a handicapped child of my own.
6% I needed a job.
37% It was the job assignment given to me by central office staff
25% Other: Previous special education experience, relative in the program

6. *What do you do in the preschool handicapped program? (In the blank on the left, check all that apply. In each blank on the right, write the number of handicapped preschoolers, aged 3-5, you serve.)*

57% Provide direct therapy to 1 to 51 handicapped preschoolers
26% Provide indirect therapy to 1 to 71 handicapped preschoolers
36% Provide a program of physical exercise to 2 to 30 handicapped preschoolers
3% Give appropriate medical attention to 20 to 99 handicapped preschoolers
39% Other: Conduct screenings and assessments, instructional specialist for the entire APE program

7. *On the average, how many times per week do you work with the 3-5 year-old preschool handicapped children? (Supply information for mild/moderate and severe/profound separately.)*

Mild/Moderate: 0-6 times per week, 10-99 minutes per session
Severe/Profound: 1-5 times per week, 15-99 minutes per session

8. *With how many children do you generally work in a session? (Supply information for mild/moderate and severe/profound separately. Circle ONE number in EACH category.)*

Mild/Moderate: 38% = 1, 22% = 2, 14% = 3 and 4, 12% = 5

Severe/Profound: 70% = 1, 21% = 2, 4% = 3 and 4, 2% = 5

9. *When do you generally work with the teacher to plan a child's program? (Check the one that best applies.) (60)*

55% When the child is first placed
12% Monthly
15% Weekly
2% Daily
17% The teacher and I plan our programs separately.

10. *If you serve as a member of the assessment team, which three instruments do you use most frequently to determine need for your services? (Write #1, #2, and #3 beside the three used most frequently.)*

A variety of instruments (Ayres, AAHPER Fitness Test, EIDP, UTAH, PPVT, SICD, TELD, Arizona, Brigance, Hawaii) were cited as those *MOST FREQUENTLY USED.*

The single most frequently used instruments are listed below.

#1.....LAP/LAP-D/Early LAP

#2.....Preschool Language Scale

#3.....Motor Free Visual Perception Test

#3.....Denver Developmental Screening Test

11A. In your opinion, what are the primary benefits parents and children receive from the preschool handicapped program? (Check all the benefits you feel they are receiving.)

86% Children acquire self-help skills and become more independent.
79% Children who are developmentally delayed have an opportunity to "catch up."
66% Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.
80% Children demonstrate gains in the cognitive domain.
84% Children demonstrate gains in the social domain.
83% Children demonstrate gains in the motor domain.
69% There is a reduction of parents' tension or stress once they realize the program provides someone/something to help their exceptional children.
60% Parents tend to acquire more acceptance of their children's exceptionalities.
70% Parents learn to have more realistic expectations for their exceptional children.
54% Parents are sometimes freed, so that they can do routine things like shopping or, in some cases, seeking employment.
41% There is more acceptance of exceptional children by regular education teachers and students in the school setting.
30% There is more community acceptance of exceptional children.
0% I can see no benefits from this program.
4% Other: Children are provided opportunities to communicate in a variety of settings.

11B. Write the number of the benefit among those listed above that is the MOST IMPORTANT.

#1 = Children who are developmentally delayed have an opportunity to "catch up."

12A. What difficulties have you observed in the preschool handicapped program? (Check all the difficulties you have observed.)

20% There are difficulties in securing and keeping an adequate number of teachers and other program staff.
41% There are difficulties in finding qualified or trained staff.
26% Funding is not adequate.
6% There are difficulties in finding children who are potential qualifiers for the program.
16% There are difficulties in assessing children referred for services.
6% Teachers have difficulty in transporting materials to home-based settings.
34% Medical evaluations frequently delay the assessment process.
10% Medical evaluations are difficult to interpret.
46% Parents are less involved than they should be.
16% There are inadequate curricular materials available for use with low-functioning children.
16% Materials/supplies are inadequate.
11% The method of transporting students is unsatisfactory.
20% Students spend too much time traveling to and from class.
23% Program staff experience burnout.
31% Available physical facilities are not adequate for these children.
21% The physical facilities are not located in a setting that permits integration of the preschool handicapped children and regular children.
46% Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.
34% There should be more or better coordination between related agencies (health unit, etc.) and program personnel.
26% There should be more or better coordination among the personnel who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).
37% It is difficult to secure special services like physical therapy, occupational therapy, etc.
29% There are problems in integrating the exceptional children and the regular children.
11% The quality of instructional services provided during the extended-year (summer) program is not on par with that provided during the regular year.
29% There are difficulties documenting regression in order to determine children's eligibility for the extended-year program.
11% The extended-year program denies some staff and children the opportunity for a needed break.
7% There are difficulties in interpretation of/compliance with 1508 guidelines. Please indicate the specific area in which these occur: *None listed.*
9% Other: Parents are taking less responsibility for the care of their children. Follow through at home is essential. *Parents expect the schools to do it all.*

12B. Write the number of the difficulty listed among those on the preceding page that causes you MOST CONCERN.

The following were cited as the difficulties of MOST CONCERN:

There are difficulties in finding qualified or trained staff.

Parents are less involved than they should be.

Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.

Being cognizant of your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made by supplying information about your program.

If there are unique areas, strengths, or weaknesses of your program that have not been addressed in this questionnaire, please comment in the space provided below. Also, please feel free to comment on any item on the questionnaire. Your time in providing this additional, valuable information is appreciated.

Let us once again encourage you to take advantage of this opportunity to share suggestions or concerns about the preschool handicapped program. Confidentiality is assured. Your time in providing this additional, valuable information is appreciated.

Strengths: *Preschool coordinators at the state level play an active role in the program.* School personnel seem to be receptive to related services.

Suggestions for improvements:

1. There is a need for more appropriate working space and storage space.
2. Children need more fieldtrip experiences.
3. A full-time nurse is needed on the school site.
4. Ancillary certification should be abolished.
5. Provide statewide inservice training to define the role of the therapists in the school setting.
6. Increase funding for therapy equipment--$100 a year is not adequate.

Unique areas: Physical therapy and occupational therapy are unique services that are helping children to make progress that they might not otherwise make.

Once again, we would like to thank you for your assistance in this project.

STATEWIDE EVALUATION OF THE EARLY EDUCATION PROGRAM

FOR HANDICAPPED CHILDREN IN LOUISIANA

Interview Data Summary: Professional Ancillary Staff

Prepared by

Betty N. Anderson and JoAnn C. Bower

The preschool program's professional ancillary staff includes physical therapists (PTs), occupational therapists (OTs), speech therapists (STs), adapted physical education (APE) teachers, and school nurses. Twenty-five professionals with these titles were interviewed in the naturalistic study and in waves one and two. In the third wave, interviews were conducted with 3 PTs, 4 OTs, 15 STs, 16 APE teachers, and 3 nurses bringing the total number of professional ancillary staff interviewed on-site during the conduct of the study to 66. The following narrative summarizes the information shared by these program personnel.

Role of the Physical Therapist in the Preschool Program

Physical therapy is defined as the treatment of disease and injury by mechanical means such as exercise, heat, light, and massage. Physical therapists in the preschool program reported that they plan physical therapy programs aimed at promoting self-sufficiency primarily related to gross motor skills such as walking, sitting, and shifting position. They also help with special equipment such as wheelchairs, braces, and crutches. PTs also reported that they are responsible for the assessment of

children with physical handicaps.

The PTs interviewed reported that they provide direct services to children usually on an individual basis, once or twice a week for approximately 30 minutes per session. They also reported providing indirect services through the training of the teacher, aide, or parent to conduct the exercise or massage regimen. One full-time PT who reported that perhaps 10 percent of her students receive indirect services, said that this change from direct to indirect services occurs most often if no progress is seen in the child's development using direct therapy over a period of time.

Of the PTs interviewed, more than 50 percent said that they were employed by an agency outside the school system and that this agency contracted with the school system for their services. They also reported that the preschool population constituted approximately one-half of their total case load.

Role of the Occupational Therapist in the Preschool Program

The occupational therapists in the preschool program reported responsibility for assessing tactile or vestibular system dysfunctioning in children. Children having difficulty performing self-help or other preschool activities that require arms, head, hand, and mouth movements are assessed. According to those interviewed, any remediation done by an occupational therapist requires a prescription from the physician in charge of the case. The occupational therapist then implements a plan of activities to

promote self-help and independence in the child. One full-time OT reported that she works with visual perceptual skills such as tossing and catching a ball and tracking an object in flight.

Direct and indirect services are provided in much the same manner by the OT and the PT. In an interview with an OT and a PT at one school, the evaluators were told that there is some overlap in the types of therapy being provided for a specific child. The therapists felt that some children profited from both therapies which were not in opposition to one another.

Program Concerns of PTs and OTs

Though the ultimate goal of each kind of therapy is different, the regulations related to the administration of each therapy are similar. One concern voiced by more than 50 percent of the PTs and OTs interviewed indicated that, according to Bulletin 1508 guidelines for PT and OT services, a child must exhibit delays of one year to be eligible for their services. This length of delay is difficult to establish unless a child is at a very low functioning level. If a delay of only six months were required, the therapists said that they could work with more children who could eventually be considered for entrance into the regular kindergarten program.

Both physical and occupational therapy are medically based. However, one concern that was reported by PTs and OTs related to the disparity between salaries paid to therapists in clinical

settings and those paid to therapists in school settings. Supervisors responsible for recruiting and retaining program staff echoed the therapists' concern, noting that the disparity made their job of attracting qualified staff more difficult.

Role of the Speech Therapist in the Preschool Program

Speech therapists reported involvement in the screening of children, the assessment and diagnosis of children's speech and language problems, and the provision of therapy in the preschool program. Some speech therapists reported that their work involved only the children in the preschool program, and others stated that they provided comprehensive services to children of all ages. One therapist listed as a home-based teacher in the preschool program provides homed-based services to a terminally ill preschool-aged child who is unable to leave his bed.

Parents are often alarmed by a child's speech problems, according to one therapist, and are afraid that the child is "retarded." She has had success in helping many children overcome their speech problems, and she reported that she believes the demonstrated success has alleviated some parents' fears. Her advice to other speech therapists working with preschoolers was to provide lots of reinforcement activities and have concrete things for the children to do. "Be kind and be patient; they're little people. Make them feel good about themselves and try to find things they can do successfully."

Role of the Adapted Physical Education Teacher in the Program

Adapted physical education teachers were observed by the evaluators as they worked in a variety of settings--outside in the school yard, inside within the same classroom occupied by the preschool class, on a stairwell, or on an auditorium stage, and in a separate class that was replete with specialized equipment. One APE teacher who was observed as she worked with one child and then a group of three children had set up a sort of obstacle course in the school yard. Large solid foam shapes covered with a colorful plastic were situated around the play yard. The evaluators watched as the teacher directed activities that combined basic language concepts and physical coordination. The child or children were told to go over the yellow block and then to go under the blue bridge (a block placed between two chairs formed a bridge). In another section, the APE teacher had set out a series of round coat hangers, and the command was for the children to step through the hoops crossing their feet as they moved from left to right.

Three APE teachers were observed as they worked with children within the classroom. At one site, the classroom was already crowded with 13 children, 1 teacher and 3 teacher aides; however, the APE teacher found a small space and proceeded to roll a large ball to a child wearing braces. The child was then instructed to kick the ball back to him. This setting did not allow for the free play and verbal interaction that was observed in the school yard.

In the second class, the APE teacher worked with one child inside a large padded area designed and constructed to meet the child's special needs. The APE teacher was observed as he moved the child's arms and legs in different directions to exercise the muscles. He also talked to the child as he proceeded through this routine, but the child did not respond even through eye contact.

The third class was a very large room with two adjacent, but distinct, work areas. All the children in the class were severely or profoundly handicapped. The APE teacher placed one child in a swing and moved him gently from side to side. Then he presented a colorful toy to the child, hid the toy, and encouraged the child to search for it. The child responded with arm movements and tracked the toy with his eyes. This session lasted about 10 minutes, and the APE teacher reported that there were several such sessions each week.

The third setting, in which the APE teacher had a separate room with a variety of equipment, was noted at three schools. In these programs, the APE teacher takes the child to the specially equipped rooms and works for a 20- or 30-minute session. These rooms were equipped with steps with railings, large blocks and balls, swings, tricycles, etc. The APE teachers reported that a schedule and a program are established for each child, and this planning is done cooperatively with the teacher.

Three of the APE teachers that were interviewed reported that

they provided services on an itinerant basis. One said that she works with children in seven schools in the parish and a total of 20 students. Only one of these children is a preschool-aged child. Another reported that he serves children in six schools--three in one town and two in another community--as well as one homebound student. He reported that he works with the preschool children two days a week, and an OT works with them one day a week. He said that he works with the preschoolers in the classrooms, although he sees one child in the APE office area at the rear of the school library, or outside, if weather permits.

Some advice given by the APE teachers to new teachers was that new teachers have realistic expectations of what handicapped children can accomplish. "Keep the objectives and the activities simple," they said.

Role of the Nurse in the Preschool Program

School nurses, as well as administrators, reported that hearing and vision screenings are conducted by the school nurse. However, a full-time nurse is not generally assigned to the preschool program. At several observation sites, it was reported that the school nurse is scheduled to catheterize a child or to provide a special medical service. These responsibilities are usually carried out by the itinerant nurse.

During the second wave of the study, the issue of maintenance-of-health procedures emerged. School nurses who were

questioned about this issue responded that these were medical procedures and should be performed only by the school nurse who was trained in the procedures. One school nurse was observed as she catheterized a child at one site; however, teacher aides were observed as they performed the same procedure at two other sites, and one teacher reported that she had the responsibility for tube-feeding a child in her class.

In an attempt to acquire more information on this issue, the evaluators scheduled an interview with a state nursing administrator from Handicapped Children's Services. In discussing the issue of maintenance-of-health procedures teachers may be expected to perform in the classroom, the nurse indicated her belief that desensitization to the performance of these procedures is needed. Despite her belief that procedures such as tube feeding, intermittent clean catheterization, and suctioning are matters of routine health maintenance rather than paramedical procedures, she did indicate that frequently the responsibility for said procedures is thrust upon teachers who may or may not be given satisfactory training or the opportunity to ask questions of qualified professionals. She indicated that some teachers are opposed to performing the procedures for reasons related to legal liability; others simply feel it is inappropriate for teachers to perform certain procedures. The nurse indicated that the main issue is time and means for desensitization and communication among

medical professionals, parents, and teachers.

Concern of Professional Ancillary Staff

The major concern voiced by more than half of the professional ancillary staff who were interviewed was the lack of adequate working space and appropriate equipment to perform the activities that were needed by the children. The evaluators observed the professional ancillary staff working on a stairwell, on an auditorium stage, in a unventilated bookroom, and also in a cramped area within the classroom. When asked about storage space, the itinerant staff replied that there was little or none, and some said that they carried their equipment with them from school to school. One PT reported receiving an allotment of $100.00 for equipment for the school year. He said that this amount of money was totally inadequate. However, in general, professional ancillary staff reported that they were provided with adequate funds for equipment.